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530 7590 04/04/2007

LERNER, DAVID, LITTENBERG,
 KRUMHOLZ & MENTLIK
 600 SOUTH AVENUE WEST
 WESTFIELD, NJ 07090



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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/646,299	08/22/2003	Carl Ekholm	06/20/2007 TRAUMA 3.0-4320101	1210959201 10646299

TITLE OF INVENTION: HUMERAL NAIL

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 42.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/05/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
WILLSE, DAVID H	3738	606-062000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 LERNER, DAVID, LITTENBERG,
 2 KRUMHOLZ & MENTLIK, LLP
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Stryker Trauma GmbH

Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 14

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-1095 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date June 20, 2007

Typed or printed name _____

Arnold H. Krumholz

Registration No. 25,428

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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ISSUE FEE TRANSMITTAL AND
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ATTORNEY DOCKET NO.: TRAUMA 3.0-435

APPLICATION NO.: 10/646,299

CONFIRMATION NO.: 9201

MAILING DATE OF NOTICE OF ALLOWANCE: April 4, 2007

FAX NUMBER: (571) 273-2885

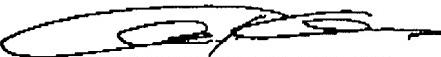
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